

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000065331

**Entity Name:** RAB OF GAINESVILLE, INC.

**Current Principal Place of Business:**

14423 NW US HWY 441 SO.  
ALACHUA, FL 32615

**Current Mailing Address:**

POST OFFICE BOX 1718  
ALACHUA, FL 32616

**FEI Number:** 59-3730243

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, ROBERT E  
5459 SE 57TH CT.  
TRENTON, FL 32693 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name BROWN, ROBERT E  
Address 5459 SE 57TH CT.  
City-State-Zip: TRENTON FL 32693

Title DVST  
Name BROWN, ROBERT A  
Address 17102 NW 251ST STREET  
City-State-Zip: HIGH SPRINGS FL 32643

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT A BROWN

VP

04/17/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date